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on nutrition programs
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NUTRITION PROGRAM NEWS

U. S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

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Northeast Regional Conference On Nutrition Education-1967

+ Highlights +
The Northeast Regional Conference on Nutrition Education was held in New Haven, Conn., May 18-19 as a follow-up to the 1967 National Nutrition Education Conference. It started when a group met in Boston at the time of the 1966 Annual Meeting of the American Dietetic Association to explore the idea of holding such a conference. A planning meeting was held in Washington in February during the National Nutrition Education Conference. The regional conference was sponsored by the Connecticut Nutrition Council as part of its 20th anniversary celebration.

Approximately 200 persons from 11 Northeastern States attended the conference. Many professions and agencies were represented—doctors, dentists, dental hygienists, nurses, health educators, school lunch directors, teachers, and dietitians joined nutritionists from public health, welfare, Project Headstart, State Extension Services, visiting nurse associations, boards of education, dairy and food councils, and industry.

Resident, research, Extension staff, and graduate students from 15 colleges and universities participated in the conference. Joining in the discussions were Extension

The report of this first regional conference to follow up a National Nutrition Education Conference was prepared by a committee of nutritionists. Mrs. Eloise Eckler, nutrition consultant for the Connecticut State Department of Health, served as committee coordinator. Other members were Mrs. Martha Frye, chairman, Connecticut Nutrition Council; Dr. Doris Johnson, director, Department of Dietetics, Yale-New Haven Hospital; Dr. Janina M. Czajkowski, nutritionist, Connecticut Cooperative Extension Service; Marion Arnold, executive director, Connecticut Dairy and Food Council; Mrs. Beatrice Yanowetz, instructor of nutrition, St. Francis Hospital School of Nursing.

Proceedings of the Conference are available from Mrs. Eloise Eckler, Connecticut State Department of Health, Hartford, Conn. 06115.

home economists who work with both adults and youth; home economics teachers; home service directors; home economists from Community Action programs, welfare departments, and industry.

Representatives from the Medical Association, Dental Association, Dental Hygienists, Women's Auxiliary of Medical Association, Parent-Teachers Association, Connecticut Home Economics Association, and Connecticut Dietetics Association also participated in the conference.

HIGHLIGHTS OF THE SESSIONS

The conference considered nutrition education in terms of—

1. The role of the nutrition worker in community programs.
2. Communicating effectively.
3. Malnutrition and its effect on learning and behavior.
4. Current nutrition research.
5. Current efforts in communicating nutrition information.

Opening speaker was Dr. Mary M. Hill, nutritionist with Agricultural Research Service, U. S. Department of Agriculture and cochairman of the planning committee for the National Nutrition Education Conference. She reviewed the objectives of the National Nutrition Education Conference held in Washington in February and gave the highlights of the program.

After Dr. Hill provided background on nutrition education, she challenged those attending the Northeast Regional Conference to explore ways of improving communications so that people will use nutrition information.

Role of the nutrition worker

Dr. Lowell S. Levin, associate professor, Department of Epidemiology and Public Health, Yale University, gave a paper entitled "Nutritionists in the New Public Health." He spoke on the role the nutritionists should play in the developing community health programs. He pointed out that nutritionists need to learn to "work with groups, on

the problems *they* perceive as important, and in ways that will contribute to the group's self-reliance and future initiative."

The nutritionist must be able to help the community group identify its problem, determine what concrete action can be taken, and then carry out this action.

The goal is to draw the public health agency's objectives more closely to the objectives of the group it serves. The position in which the nutritionist finds herself is not necessarily an easy one. She must work to get her agency to become more involved with the community group. Dr. Levin suggested the use of public hearings for neighborhood groups. By this means, the community can make its needs and priorities known. Then the agency should provide the technical assistance to meet these needs.

Using the term "technical advisor to community groups," Dr. Levin described the role that nutritionists should be playing at the present time. Nutritionists need to learn more about the use of social data in clinical management; the use of group process skills in nonpatient areas; how to get other professional staff to see the patient and group needs and expectations; how to work with the many new nonprofessional health workers; and how to be a member of a *health team*.

Communicating more effectively

The session on communicating was somewhat similar to the mass media session at the national conference. Panelists included a magazine writer, a women's editor of a newspaper, a director of a university radio and television center, and a professor of communication arts.

Magazines.—Madge Myers, instructor of nutrition, Harvard University, discussed preparation of material for magazines. She pointed out that the material must be newsworthy or entertaining as well as informative. Nutrition workers who wish to have articles accepted by magazines should take the advice of writers from mass media. This means that nutritionists must have strong attention-getting statements as lead sentences. Nutritional accuracy must not be sacrificed, however.

Newspapers.—Betty Barrett, women's editor, described a series of Hartford Courant articles on dieting. Nutritionists of the Connecticut Dairy and Food Council served as consultants for the series, which was written to combat use of crash weight reduction diets. The editor pointed out that this series illustrates the kind of help newspapers can give to sound nutrition programs. She suggested that nutrition workers should keep editors informed of both objectives and programs.

Radio-television.—Stanley Quinn, director of Radio and Television Center, University of Connecticut, discussed instruction via closed circuit television. He said that it was too early for a formal evaluation of the University of

Connecticut program, but indications are that this method of instruction—properly used—is as effective as traditional methods. It has the potential for reaching many more learners with one instructor.

Visuals.—The preparation of visuals that have a real potential for making communication more effective was discussed by Elmer S. Phillips, professor of communication arts, Cornell University. He described the kind of help his department provides. Mr. Phillips pointed out that nutrition workers need such help and told how to get it.

These presentations were particularly helpful because the services described are available to many of the conference participants.

Malnutrition—learning and behavior

Dr. Nevin Scrimshaw, head of the Department of Nutrition and Science at the Massachusetts Institute of Technology, spoke at the banquet celebrating Connecticut Nutrition Council's 20th anniversary. In "Malnutrition, Learning and Behavior," he observed that the majority of children in the technically underdeveloped areas of the world are retarded in physical growth and development by malnutrition and its interaction with infection.

This is visible in the almost universally smaller body size of underprivileged populations, regardless of their genetic background. Early malnutrition, which stunts growth, has clearly and repeatedly been shown in experimental animals to reduce subsequent learning ability, memory, and behavior, Dr. Scrimshaw said. To the extent that this is true for young children as well, the generations in developing countries on whom future social and economic progress will depend are now being maimed in body frame, nervous system, and mind.

Dr. Scrimshaw, in reviewing evidence from developing countries, said that malnutrition during the first few years of life does have an adverse effect on subsequent learning and behavior. He pointed out that one of the most difficult aspects of conducting and interpreting field studies of the effect of malnutrition on intellectual performance is the multiplicity of other factors known to influence performance on intelligence tests.

The reduced physical growth and development and costly morbidity and mortality of preschool children in developing areas is reason enough for giving high priority to improving nutritional status of the preschool child.

The probability that early and severe malnutrition can cause significant retardation in mental development is an added reason for emphasizing the universal prevention of malnutrition in the preschool child. Dr. Scrimshaw pointed out that the effects of early malnutrition are so far-reaching that the nutrition and health of young children cannot be neglected in developing countries and in our own areas of poverty.

Current nutrition research

Dr. Margaret Ross, professor of nutrition and chairman of the Department of Home Economics, Simmons College, reviewed current nutrition research as it relates to the health needs of people. She pointed out the present controversy of the role of diet in cardiovascular disease. The relationship of the type of fat and the amount of cholesterol in the diet, as well as many other factors, were cited. There is more and more evidence that only certain fatty acids have significance in affecting blood cholesterol levels and that the amount of dietary cholesterol is important.

Dr. Ross believes that a much larger section of the population should modify its diet to reduce the diet risk factor in cardiovascular disease.

She also noted the research implicating coffee consumption with the development of coronary artery disease and with diabetes. The data suggest that coffee may be diabetogenic and/or hyperlipemic in certain susceptible persons. The relationship to carbohydrate metabolism is a factor to be considered in evaluating this research. Large scale clinical studies are needed to further explore this interesting relationship.

Dr. Ross cited recent work on the trace elements and minerals, including research suggesting new roles of fluorine in health, the relationship of chromium to normal carbohydrate metabolism, and the role of zinc in normal growth and metabolism. The relationship of vitamin E to fat metabolism, inborn errors of metabolism, and the interrelationship of nutrients were also discussed.

Selected action programs

Child nutrition.—Mrs. Edith M. Blakeley, State Director of School Lunch, Connecticut Department of Education, spoke on "Child Nutrition Programs."

Congress passed the Child Nutrition Act of 1966, which set up provisions for a pilot breakfast program for children in the low economic areas as well as those who had a long bus ride to school.

In the State of Connecticut where the main concern revolved around the disadvantaged child, a 2-year pilot program was started in Bridgeport. It was hoped that 2,500 children from four or five different schools might be reached. As it turned out, only one school in Bridgeport involving 500 children and one school in Danbury involving 25 children participated. The basic goals of the overall program were not realized for two reasons. First, the program had a late start; and, second, many communities were reluctant to contribute their share of the monies necessary to carry through the program.

Mrs. Blakeley pointed out that the School Lunch Program was running into difficulties because of the lack of

funds to meet increased food and labor costs. More money—Federal, State, and local—is needed, she said.

Diet counseling.—Mrs. Nadeene S. Brunini discussed diet counseling as a new community health resource. She is a nutrition consultant, Heart and Circulatory Program, Division of Chronic Illness Control, New Jersey State Department of Health, and supervisor, Diet Counseling Services of New Jersey.

On the request of a physician, diet instruction is given to individual patients for a nominal fee. However, if the patient is not able to pay, this service is given without charge.

Special funds have been designated for this service. The counseling is carried out with the cooperation of existing health agencies in the State of New Jersey, such as outpatient departments of hospitals and convalescent homes. There are presently 11 counseling services in the State of New Jersey. Mrs. Brunini pointed out that although there is a great need for such services, a shortage of qualified personnel slows down the extension of diet counseling.

Food stamps.—Mrs. Priscilla Dykstra, home economist with the Rhode Island Extension Service, reported on the Food Stamp Program. This State-Federal program enables eligible families to buy stamps that are worth more than the purchase price when "spent" for food. For example, a family may pay \$18 for stamps that buy \$25 worth of food.

She cited some criticisms: Some families feel that they cannot afford to spend a lump sum—such as \$18—for stamps; some families not on welfare object to a welfare department's investigation of their eligibility to purchase food stamps. Mrs. Dykstra said that once a family has used the stamp plan, however, it is satisfied and becomes convinced that stamps offer distinct savings.

She believes the program is basically sound; it provides the nutritionist with a good teaching situation.

In Waterbury, Conn., a Nutrition Education Committee has been established to work with participants of the Food Stamp Program. Miss Myrtle H. Babcock, chairman, has made tremendous strides in developing consultation programs for social, health, and educational organizations.

Group discussions

Discussion groups considered how the nutritionist can increase effectiveness of nutrition education. Among the recommendations:

1. Use basic language that is readily understood.
2. Use materials developed by existing local as well as Federal agencies.
3. Develop leaders and leader aides.
4. Be familiar with the group with whom you are working.
5. Measure in some way what has been learned before proceeding to next subject.

6. Consider the universal topic of weight control in building programs.
7. Develop a team approach—make use of all paramedical personnel.
8. Have grocery stores participating in the Food Stamp Program distribute brochures, prepared by a local nutrition committee, that suggest what foods are the best buys, sample menus, information as to how best to prepare these foods, what quantities should be purchased, etc.
9. Make better use of radio, television, and newspapers.
10. Know the needs of the community to make nutrition education more meaningful and effective.

New challenges in nutrition

A look to the future.—At the closing session, Dr. George Christakis, assistant dean and associate professor of community medicine (nutrition), Mt. Sinai School of Medicine, New York City, predicted a bright future for nutrition sciences. It was these sciences that initiated molecular biology and provided the basic information for feeding programs for the world's malnourished population. During the last 4 decades, a large range of therapeutic diets has been developed. The pendulum in the field of public health nutrition has swung from under-nutrition in the early part of the 20th century through the vitamin era to the period of over-nutrition in the late fifties to the present.

As a result of the national diet heart study program, the food industry has developed many fat-modified foods that have been accepted by the consuming public. Research is continually carried on to meet the demands of new therapeutic regimens.

The role of a computer will continue to expand in the practice of hospital and public health dietetics. In addition to computer-regulated activities already in operation, in the not too distant future computers will take a 24-hour recall diet history on hospital and clinic patients. They will identify the nutritional deficiencies in the diet pattern that can be corrected by either nutrition education or therapy.

In summarizing the future of nutrition, Dr. Christakis noted that we are facing an "era of nutritional wisdom," which centers the pendulum and more accurately defines normal nutritional status in relation to the prevention of disease.

Coordinating our programs.—At the closing luncheon, ways to coordinate nutrition education programs were described by Dr. Evelyn Spindler. Dr. Spindler, the

1966-67 chairman of the Interagency Committee on Nutrition Education, is a Federal Extension Service nutritionist.

Dr. Spindler stressed the importance of meeting the needs of such groups as young mothers, preschool children, teenagers, elderly people, and the low-income families. She pointed out that although inadequate diets occur at various socioeconomic levels, the greatest percentage is likely to be found among families with low income who are poorly qualified to cope with their nutrition problems.

Dr. Spindler noted major problems of obesity and overweight, fad diets, and misinformation. She suggested that top priority be given to programs for improving nutrition of preschool children, who are not receiving essential nutrients during the vital stages in their growth and development. Because the number of nutritionists is limited in any given area, no one agency or organization has the resources needed to solve major problems. It has become increasingly important for us to try to coordinate our efforts, especially on new programs.

As an example of how several USDA agencies coordinated their efforts, Dr. Spindler described the preparation of a kit of materials for training aides to work with low-income families. The Federal Extension Service prepared a handbook for home economists along with guidelines for the aides; the Consumer and Marketing Service developed a series of leaflets that could be used in working with families; the Agricultural Research Service developed and tested recipes for nutritious dishes and cooperated in adapting the daily food guide for use with low-income families. Other Federal agencies, such as Project Head-start and Public Health Service, are cooperating by adapting these materials for use with their own clientele.

Dr. Spindler emphasized the importance of assessing opportunities at all levels—regional, State, county, and community—for coordinating efforts towards increasing the effectiveness of nutrition education programs.

IN CONCLUSION

Regional or State conferences following a national conference have great merit. Planners of national nutrition education conferences, to date, have limited participation to about 200 workers invited from the States. This means that not all agencies working in community nutrition programs can be represented.

Regional or State conferences provide a means of sharing ideas and information. Furthermore, general information and ideas presented at a national conference need to be considered in terms of specific local nutrition problems and community resources.